

Violation Address _____ A.P.N. _____

Date Received _____ Date Confirmed _____ By _____

Tenant/ Violator _____ Phone _____

Owner/Violator _____ Phone _____

Owner Address _____

Owners Agent _____ Phone _____

Agent's Address _____

Complainant _____ Home Phone _____

Address _____ Work Phone _____

Nature of Complaint _____

Code Section(s) _____

ICMA Code ☐ Housing ☐ Zoning ☐ Dangerous Bldgs. ☐ Nuisance ☐ Other

VIOLATION TYPE

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Vehicle Abatement | <input type="checkbox"/> Encampments |
| <input type="checkbox"/> Building | <input type="checkbox"/> ROW / SIGNS | <input type="checkbox"/> Vehicle Zoning | <input type="checkbox"/> Expired Building Permit |
| <input type="checkbox"/> Business License | <input type="checkbox"/> Noise | <input type="checkbox"/> Zoning | <input type="checkbox"/> Expired Building Plan Check |
| <input type="checkbox"/> Engineering/ROW | <input type="checkbox"/> Peddlers | <input type="checkbox"/> Abandoned Property | <input type="checkbox"/> Newsracks |
| <input type="checkbox"/> Garbage & Junk | <input type="checkbox"/> Signs | <input type="checkbox"/> Campaign Signs | <input type="checkbox"/> Playground Equipment/ROW |

Response :